Little Friends of Jesus Nursery School–1881 Washington Valley Road

Telephone (732) 667-5272 Fax (732) 667-5277 Email: littlefriendsnursery@gmail.com

ENROLLMENT APPLICATION
(Please Print)

Enrollment Date_____

Child's Name_____ _____ _____
First Last Middle

Date of Birth: Month_____Day_____Year_____Sex: Male_____Female_____

Address_____City_____Zip Code_____

Telephone# Home_____E-mail Address_____Cell_____

Mother's Name_____Occupation_____

Company_____Address at Work_____Telephone#_____

Father's Name_____Occupation_____

Company_____Address at Work_____Telephone#_____

Child Allergies (Food, Medication, etc.)_____

Pediatrician's_____
Name Address Telephone#

Child's Social Security#_____In case of emergency which Hospital can we take

your child to_____

Emergency contact in the event that we are unable to contact the parent/guardian(s) at the above numbers:

_____Name
Address Telephone#

In case of emergency if neither parent will be able to be contacted may we seek emergency medical care for your child. YES_____NO_____

Religion/Optional_____

Date received:_____By:_____

As parent or guardian of this child, I state to have received from Little Friends of Jesus Day Nursery the following documents:

A. **A copy of information** regarding parents visitation rights, state licensing requirements and other child care matters.
B. **A copy of Regulations** with regard to the operation of the Nursery and the requirements necessary for the admission of a child to the Nursery.

Signature of Parent (Guardian) _____